PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number	Application	ı or	Docket	Numbe	Эı
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09895433

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS	29	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					RATE	FEE	OR 1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			29 minus 20= *9					X\$ 9=		OR	X\$18=	162
INE	EPENDENT CL	_AIMS	% minus 3 = * 5				X40=		OR	X80=	400	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1272	
CLAIMS AS AMENDED - PART II										OTHER	THAN	
	F-7 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	(Column 1)	**************************************	(Colun		(Column 3)		SMALL	ENTITY	OR.	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* INTATION OF M	Minus	***	CLAIM	=		X40=		OR	X80=	
	TINOTTINESE	INTATION OF IM	SCHIPEL DEF	CIADCIA	CLAIM		1	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL: ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	,	ADDIT. FEE			ADDIT. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X40=		OR	X80=	
	FINST PRESE	NIATION OF MI	DETIPLE DEF	ENDENT	CLAIM		•	+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	200	(Column 1)		(Colum		(Column 3)						
AMENDMENT C	16. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X40=			X80=	7===1
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		i	,,, <u>,,</u>		OR	7.00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											